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Facsimile

FOR IMMEDIATE DELIVERY

To	Firm Name	Phone	Fax
Khatol S. Shahman Shah	U.S. Patent and Trademark Office		703-872-9306

From: Daniel S. Kasten

Date: 09/24/2004

Message: Attached please find:

Transmittal Form
 Fee Transmittal for FY 2004
 Petition for Extension of Time Under 37 CFR 1.136 (a)
 Request for Continued Examination (RCE) Transmittal
 Amendment and Response
 Declaration of Daniel A. Portnoy
 Declaration of Roy Curtiss, III

Atty/Client/Matter No.: 3067/56029/01192

Total Number of Pages, including this page: 27

If you do not receive all of the pages, please call 314-552-6305 as soon as possible.

Thank you,

Fax Department - Operator: JPTime of Transmittal: 3:24 A.M./P.M.**Confidentiality Note**

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TRANSMITTAL FORM

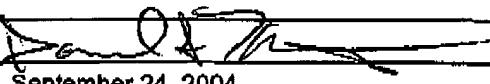
(to be used for all correspondence after initial filing)

	<p style="margin: 0;">Application Number</p> <p style="margin: 0;">09/686,499</p>
	<p style="margin: 0;">Filing Date</p> <p style="margin: 0;">October 11, 2000</p>
	<p style="margin: 0;">First Named Inventor</p> <p style="margin: 0;">Roy Curtiss, III</p>
	<p style="margin: 0;">Art Unit</p> <p style="margin: 0;">1645</p>
	<p style="margin: 0;">Examiner Name</p> <p style="margin: 0;">Khatol S. Shahnan Shah</p>
Total Number of Pages in This Submission	26
	Attorney Docket Number
	53116-1192

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input checked="" type="checkbox"/> Affidavits/declarations(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s). <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Request for Continued Examination		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Thompson Coburn LLP
Signature	
Date	September 24, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Daniel S. Kaesten
Signature	
Date	September 24, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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THOMPSON COBURN, LLP 5

Sep 24 2004 15:25 P.03

Approved for use through 6/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$1,390.00)**Complete If Known**

Application Number	09/686,499
Filing Date	October 11, 2000
First Named Inventor	Roy Curtiss, III
Examiner Name	Khatol S. Shahnam Shah
Art Unit	1645
Attorney Docket No.	53116-1192

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number

20-0823

Deposit Account Name

Thompson Coburn LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity	Fee	Small Entity	Fee	Fee Description	Fee Paid
Code	(\\$)	Code	(\\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	580	2003	285	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	180	2005	80	Provisional filing fee	
SUBTOTAL (1) (\$)		-0-			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
	-20* =	X	=
Independent Claims	-3** =	X	=
Multiple Dependent			=

Large Entity	Small Entity	Fee Description		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		-0-		

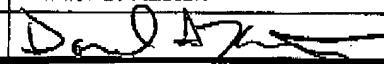
*or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid		
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or cash	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,620	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	850	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	1,005.00
1401	530	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	840	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.128(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.128(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	385.00
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify)					

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 1,390.00**Complete If Applicable**

Name (Print/Type)	Daniel S. Kasten	Registration No. (Attorney/Agent)	45363	Telephone	314-552-6000
Signature				Date	September 24, 2004

WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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FEE TRANSMITTAL

for FY 2004

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 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$1,390.00)**Complete if Known**

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 Deposit Account:

Deposit Account Number	20-0823
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Deposit Account Name	Thompson Coburn LLP
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 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

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Large Entity Fee	Entity Fee	Small Entity Fee	Fee Description	Fee Paid
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1005	160	2005	90	Provisional filing fee
SUBTOTAL (1) (\$)				-0-

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Total Claims	Extra Claims	Fee from below	Fee Paid
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Independent Claims	-3** =	x	=
Multiple Dependent		=	

Large Entity Fee	Entity Fee	Small Entity Fee	Fee Description	Fee Paid
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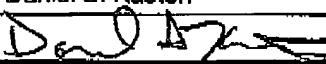
**or number previously paid, if greater. For Reissues, see above

FEES CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee	Entity Fee	Fee Description	Fee Paid
Fee Code	(\\$)	Fee Code	(\\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	820*	1804	820*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	280	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2602	240
1503	640	2603	320
1480	130	1480	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1808	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) **1,390.00****Complete if applicable**

Name (Print/Type)	Daniel S. Kasten	Registration No. (Attorney/Agent)	45363	Telephone	314-552-6000
Signature		Date	September 24, 2004		

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